

Fill in this information to identify the case:

Debtor Name: Shabnam Qasim  
 United States Bankruptcy Court for the: Northern District of TX  
 Case number: 18-43088-mxm-11

☐ Check if this is an amended filing

## Official Form 425C

## Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: 1/2019

Date report filed:

MM / DD / YYYY

Line of business: Medical Practice

NAISC code:

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party:

Office manager

Original signature of responsible party

Fabela

Printed name of responsible party

Feliza Fabela

## 1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer **No** to any of the questions in lines 1-9, attach an explanation and label it **Exhibit A**.

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer **Yes** to any of the questions in lines 10-18, attach an explanation and label it **Exhibit B**.

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name

Shabnam Qasbi

Case number

18-43088-mxm-11

17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☒ ☐
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☐ ☒

**2. Summary of Cash Activity for All Accounts****19. Total opening balance of all accounts**

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 5,944.75**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 29,253.32**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

-\$ 25,863.74**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 3,389.58**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 9,334.33**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables**

(*Exhibit E*)

\$ 0



Debtor Name

Shabnam Qasim

Case number

18-43088-mxm-11**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

**25. Total receivables**

(Exhibit F)

\$ 195,874.59**5. Employees**

26. What was the number of employees when the case was filed?

8

27. What is the number of employees as of the date of this monthly report?

11**6. Professional Fees**

28. How much have you paid this month in professional fees related to this bankruptcy case?

\$ 0

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?

\$ 0

30. How much have you paid this month in other professional fees?

\$ 0

31. How much have you paid in total other professional fees since filing the case?

\$ 0**7. Projections**

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A Projected	Column B Actual	Column C Difference
	Copy lines 35-37 from the previous month's report.	Copy lines 20-22 of this report.	Subtract Column B from Column A.
32. Cash receipts	\$ <u>47,128.12</u>	\$ <u>29,253.32</u>	= \$ <u>17,874.80</u>
33. Cash disbursements	\$ <u>60,591.49</u>	\$ <u>25,803.74</u>	= \$ <u>34,787.75</u>
34. Net cash flow	\$ <u>13,403.37</u>	\$ <u>3,389.58</u>	= \$ <u>10,073.79</u>

35. Total projected cash receipts for the next month:

\$ 29,253.32

36. Total projected cash disbursements for the next month:

- \$ 25,803.74

37. Total projected net cash flow for the next month:

= \$ 3,389.58

Debtor Name

Shabnam Qasim

Case number

18-43088-mxm-11

### 8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☒ 39. Bank reconciliation reports for each account.
- ☒ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☒ 41. Budget, projection, or forecast reports.
- ☒ 42. Project, job costing, or work-in-progress reports.

Exhibit A

Question #8. Quarterly fees up to date

Exhibit B

Question #10.

Currently using Chase business account. Also there is still a US Bank account that has not been closed as of yet.

## Exhibit D

## ATM and Debit Card Withdrawals

Chase Acct 000000237962961

January 1, 2019 through January 31, 2019

3- Jan	Smart practice	\$61.16
4- Jan	Rental Card Tolls	\$6.95
7- Jan	Truthfinder	\$27.78
9- Jan	Office Depot	\$92.64
9- Jan	Office Depot	\$170.57
9- Jan	CVS Pharm	\$66.60
11- Jan	Envision Imaging	\$230.00
11- Jan	DFW Prompt Care	\$156.78
11- Jan	Red R Automotive	\$136.79
14- Jan	Chateau Pedi Spa	\$149.00
16- Jan	Simply Eyes	\$247.80
17- Jan	Café Medi	\$30.20
17- Jan	Sonic	\$3.78
18- Jan	Austin Lorin	\$62.79
28- Jan	Storage Sense	\$49.06
Total ATM and Debit Card Withdrawals		\$1,491.90

## Exhibit C

## Deposits and Additions

Chase Acct 000000237962961

January 1, 2019 through January 31, 2019

3- Jan	Transfer from 8207	\$4,000.00
3- Jan	Transfer from 3561	\$1,500.00
3- Jan	Square 190103P2	\$19.45
4- Jan	Privia N Texas	\$2,727.59
4- Jan	Square 190104P2	\$24.31
9- Jan	Optum	\$50.00
10- Jan	Square 190110P2	\$58.35
11- Jan	Square 190111P2	\$24.31
15- Jan	BCBS	\$2,521.69
15- Jan	BCBS	\$471.58
15- Jan	Square 190115P2	\$136.15
16- Jan	Humana Ins	\$399.33
16- Jan	Square 190116P2	\$195.75
16- Jan	HHP	\$100.71
17- Jan	Purchase return Office Depot	\$173.19
17- Jan	Transfer from 8207	\$4,000.00
17- Jan	Aetna	\$719.76
17- Jan	BCBS	\$648.77
17- Jan	Square 191118P2	\$190.88
18- Jan	Card Purchase Return Office Depot	\$46.32
18- Jan	Square 190118P2	\$317.32
18- Jan	BCBS	\$272.41
22- Jan	Square 190122P2	\$175.05
22- Jan	BCBS	\$109.43
23- Jan	BCBS	\$177.79
23- Jan	Optum	\$125.00
23- Jan	Square 190123P2	\$102.11
24- Jan	United Healthcare	\$614.01
24- Jan	Aetna	\$486.74
24- Jan	BCBS	\$210.31
24- Jan	Square 190124P2	\$150.02
24- Jan	Electronic Comme	\$73.94
25- Jan	Square 190125P2	\$389.01
25- Jan	BCBS	\$114.17
28- Jan	Novitas	\$3,689.40
28- Jan	Aetna	\$168.92
28- Jan	Optum	\$25.00
29- Jan	HHP	\$640.80
29- Jan	BCBS	\$530.58
29- Jan	Humana	\$240.86
29- Jan	Square 190129P2	\$175.05



## Exhibit C

## Deposits and Additions

Chase Acct 000000237962961

January 1, 2019 through January 31, 2019

29- Jan	Aetna	\$106.02
30- Jan	Novitas	\$774.95
30- Jan	United Healthcare	\$303.26
30- Jan	Square 190130P2	\$260.62
30- Jan	BCBS	\$84.17
31- Jan	Novitas	\$426.72
31- Jan	United Healthcare	\$327.42
31- Jan	Square 190131P2	\$138.10
31- Jan	Aetna	\$36.00
Total Deposits and Additions		\$29,253.32

## Exhibit D

**Electronic Withdrawals**

Chase Acct 000000237962961

January 1, 2019 through January 31, 2019

3- Jan	Commercial Line	\$45.91
3- Jan	Payment Tech Fee	\$30.00
4- Jan	ADP Wage Pay	\$5,254.64
4- Jan	ADP Tax	\$1,398.84
7- Jan	ADP Payroll Fees	\$56.02
9- Jan	Quick Pay with Zelle Payment	\$75.00
9- Jan	Advanced MD	\$1,004.19
14- Jan	ADP Payroll Fees	\$90.84
15- Jan	ADP Tax	\$178.81
18- Jan	ADP Wage Pay	\$5,929.51
18- Jan	ADP Tax	\$1,640.27
28- Jan	ADP payroll Fees	\$90.84
31- Jan	Transfer to Chk 3561	\$3,000.00
31- Jan	ADP Payroll Fees	\$300.49
31- Jan	Commercial Line	\$45.91
Total Electronic Withdrawals		\$19,141.27

## Exhibit D

## Checks Paid

Chase Acct 000000237962961

January 1, 2019 through January 31, 2019

24- Jan	Check# 2494	\$100.00
28- Jan	Check# 2503	\$229.00
24- Jan	Check# 2511	\$100.00
08- Jan	Check# 2515	\$200.00
02- Jan	Check# 2519	\$226.11
18- Jan	Check# 2529	\$458.40
22- Jan	Check# 2530	\$150.00
24- Jan	Check# 2532	\$342.49
11- Jan	Check# 2535	\$421.38
15- Jan	Check# 2536	\$500.00
24- Jan	Check# 2537	\$100.00
14- Jan	Check# 2538	\$203.19
23- Jan	Check# 2539	\$700.00
29- Jan	Check# 2541	\$1,500.00
Total Checks Paid		\$5,230.57

Exhibit F

**Total A/R - Summary**

SHABNAM QASIM MD PA

By Aging Date

All Patients

All Provider Profiles

	Current	30 Days	60 Days	90 Days	120 Days	Total	Unapplied	Net Total
<b>SHABNAM QASIM MD PA Total:</b>								
Patient	\$7,194.26	\$32,153.88	\$1,088.20	\$1,184.62	\$6,115.18	\$47,736.14		\$47,736.14
	15.07 %	67.36 %	2.28 %	2.48 %	12.81 %	100.00 %		100.00 %
Insurance	\$1,361.39	\$5,381.14	\$27,189.90	\$20,642.41	\$99,973.02	\$154,547.86		\$154,547.86
	0.88 %	3.48 %	17.59 %	13.36 %	64.69 %	100.00 %		100.00 %
Total	\$8,555.65	\$37,535.02	\$28,278.10	\$21,827.03	\$106,088.20	\$202,284.00	\$6,409.41	\$195,874.59
	4.23 %	18.56 %	13.98 %	10.79 %	52.45 %	100.00 %		100.00 %
<b>Grand Total:</b>								
Patient	\$7,194.26	\$32,153.88	\$1,088.20	\$1,184.62	\$6,115.18	\$47,736.14		\$47,736.14
	15.07 %	67.36 %	2.28 %	2.48 %	12.81 %	100.00 %		100.00 %
Insurance	\$1,361.39	\$5,381.14	\$27,189.90	\$20,642.41	\$99,973.02	\$154,547.86		\$154,547.86
	0.88 %	3.48 %	17.59 %	13.36 %	64.69 %	100.00 %		100.00 %
Total	\$8,555.65	\$37,535.02	\$28,278.10	\$21,827.03	\$106,088.20	\$202,284.00	\$6,409.41	\$195,874.59
	4.23 %	18.56 %	13.98 %	10.79 %	52.45 %	100.00 %		100.00 %

## Original Projections

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION

In re: Dr. Shabbam Qasim MD PA

CASE NO 18-43088-MXM-11

CHAPTER 11

BUSINESS INCOME AND EXPENSES

## We Care Clinic

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

## PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income for 12 Months Prior to Filing:

\$678,120.00

## PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income:

\$73,000.00

## PART C - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor):

\$38,000.00

4. Payroll Taxes:

\$0.00

5. Unemployment Taxes:

\$0.00

6. Worker's Compensation:

\$0.00

7. Other Taxes:

\$0.00

8. Inventory Purchases (including raw materials):

\$0.00

9. Purchase of Feed/Fertilizer/Seed/Spray:

\$0.00

10. Rent (other than debtor's principal residence):

\$3,600.00

11. Utilities:

\$710.00

12. Office Expenses and Supplies:

\$4,165.00

13. Repairs and Maintenance:

\$632.00

14. Vehicle Expenses:

\$0.00

15. Travel and Entertainment:

\$0.00

16. Equipment Rental and Leases:

\$889.00

17. Legal/Accounting/Other Professional Fees:

\$1,000.00

18. Insurance:

\$3,648.00

19. Employee Benefits (e.g., pension, medical, etc.):

\$0.00

20. Payments to be Made Directly by Debtor to Secured Creditors for

Pre-Petition Business Debts (Specify):

On Deck Capital, Inc.

\$3,483.08

21. Other (Specify):

Advertising

\$2,500.00

22. Total Monthly Expenses (Add Items 3 - 21)

\$68,525.08

## PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2):

\$16,474.92





JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218-2051

January 01, 2019 through January 31, 2019

Account Number: 000000237962961

### CUSTOMER SERVICE INFORMATION

Web site: Chase.com  
Service Center: 1-800-242-7338  
Deaf and Hard of Hearing: 1-800-242-7383  
Para Espanol: 1-888-622-4273  
International Calls: 1-713-262-1679



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DBA SHABNAM K QASIM MD PA  
DBA SHABNAM K QASIM MD PA  
4819 RIVER OAKS BLVD  
FORT WORTH TX 76114

### CHECKING SUMMARY

Chase Total Business Checking

	INSTANCES	AMOUNT
Beginning Balance		\$5,944.75
Deposits and Additions	50	29,253.32
Checks Paid	14	-5,230.57
ATM & Debit Card Withdrawals	15	-1,491.90
Electronic Withdrawals	15	-19,141.27
Ending Balance	94	\$9,334.33

### DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
01/03	Online Transfer From Chk 8207 Transaction#: 7813519570	\$4,000.00
01/03	Online Transfer From Chk 3561 Transaction#: 7811891279	1,500.00
01/03	Square Inc 190103P2 L209409476119 CCD ID: 9424300002	19.45
01/04	Privia N Texas ACH Items Surplus CCD ID: 1611781653	2,727.59
01/04	Square Inc 190104P2 L209409668241 CCD ID: 9424300002	24.31
01/09	Optum Patient As Hoclaimpmt 201888186 CCD ID: 1411858498	50.00
01/10	Square Inc 190110P2 L209410795884 CCD ID: 9424300002	58.35
01/11	Square Inc 190111P2 L209411062569 CCD ID: 9424300002	24.31
01/15	Bcbs Texas Hoclaimpmt C19011E48605740 CCD ID: 5531495400	2,521.69
01/15	Bcbs Texas Hoclaimpmt C19011E40575320 CCD ID: 5531595400	471.58
01/15	Square Inc 190115P2 L209411923175 CCD ID: 9424300002	138.15
01/16	Humana Ins CO Etpayment 363718 CCD ID: 1391263473	399.33
01/16	Square Inc 190116P2 L209412099928 CCD ID: 9424300002	195.75
01/16	Hhp Etpayment 363718 CCD ID: 1611013183	100.71
01/17	Purchase Return 01/17 Office Depot 00 1317 S Grapevine TX Card 1220	173.19
01/17	Online Transfer From Chk 8207 Transaction#: 7855659657	4,000.00
01/17	Aetha H09 Hoclaimpmt 1043243512 CCD ID: 1066033492	719.76
01/17	Bcbs Texas Hoclaimpmt C19015E48925670 CCD ID: 5531495400	648.77
01/17	Square Inc 190117P2 L209412351756 CCD ID: 9424300002	190.88
01/18	Card Purchase Return 01/17 Office Depot #406 Grapevine TX Card 5525	46.32
01/18	Square Inc 190118P2 L209412688099 CCD ID: 9424300002	317.32
01/18	Bcbs Texas Hoclaimpmt C19016E49089500 CCD ID: 5531495400	272.41
01/22	Square Inc 190122P2 L209413578957 CCD ID: 9424300002	175.05

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January 01, 2019 through January 31, 2019

Account Number: 000000237962961

**DEPOSITS AND ADDITIONS** (continued)

DATE	DESCRIPTION	AMOUNT
01/22	Bcbs Texas Hcclaiimpmt C19017E49241240 CCD ID: 5531495400	109.43
01/23	Bcbs Texas Hcclaiimpmt C19021E40851160 CCD ID: 5531595400	177.79
01/23	Optum Patient As Hcclaiimpmt 201868166 CCD ID: 1411858498	125.00
01/23	Square Inc 190123P2 L209413763240 CCD ID: 9424300002	102.11
01/24	Unitedhealthcare Hcclaiimpmt 201868166 CCD ID: 1411289245	614.01
01/24	Aetna As01 Hcclaiimpmt 1043243512 CCD ID: 1066033492	486.74
01/24	Bcbs Texas Hcclaiimpmt C19022E49722480 CCD ID: 5531495400	210.31
01/24	Square Inc 190124P2 L209413971402 CCD ID: 9424300002	150.02
01/24	Electronic Comme Hcclaiimpmt 201868166 CCD ID: 1341858379	73.94
01/25	Square Inc 190125P2 L209414207575 CCD ID: 9424300002	389.01
01/25	Bcbs Texas Hcclaiimpmt C19023E49875290 CCD ID: 5531495400	114.17
01/28	Novitas Hcclaiimpmt 1396792602 CCD ID: 04412000H1	3,689.40
01/28	Aetna H09 Hcclaiimpmt 1043243512 CCD ID: 1066033492	168.92
01/28	Optum Patient As Hcclaiimpmt 201868166 CCD ID: 1411858498	25.00
01/29	Hhp Hcclaiimpmt 363718 CCD ID: 1611013183	640.80
01/29	Bcbs Texas Hcclaiimpmt C19025E50199190 CCD ID: 5531495400	530.58
01/29	Humana Ins CO Hcclaiimpmt 363718 CCD ID: 1391263473	240.86
01/29	Square Inc 190129P2 L209415137864 CCD ID: 9424300002	175.05
01/29	Aetna H09 Hcclaiimpmt 1043243512 CCD ID: 1066033492	106.02
01/30	Novitas Hcclaiimpmt 1396792602 CCD ID: 04412000H1	774.95
01/30	Unitedhealthcare Hcclaiimpmt 201868166 CCD ID: 1411289245	303.26
01/30	Square Inc 190130P2 L209415284981 CCD ID: 9424300002	260.62
01/30	Bcbs Texas Hcclaiimpmt C19028E50362560 CCD ID: 5531495400	84.17
01/31	Novitas Hcclaiimpmt 1396792602 CCD ID: 04412000H1	426.72
01/31	Unitedhealthcare Hcclaiimpmt 201868166 CCD ID: 1111187726	327.42
01/31	Square Inc 190131P2 L209415474788 CCD ID: 9424300002	138.10
01/31	Aetna As01 Hcclaiimpmt 1043243512 CCD ID: 1066033492	36.00
Total Deposits and Additions		\$29,253.32

**CHECKS PAID**

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
2494 ^			
2503 *^		01/24	\$100.00
2511 *^		01/28	229.00
2515 *^		01/24	100.00
2519 *^		01/08	200.00
2529 *^		01/02	226.11
2530 ^		01/18	458.40
2532 *^		01/22	150.00
		01/24	342.49



January 01, 2019 through January 31, 2019  
Account Number: 000000237962961

## CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
2535 * ^			
2536 ^		01/11	421.38
2537 ^		01/15	500.00
2538 ^		01/24	100.00
2539 ^		01/14	203.19
2541 * ^		01/23	700.00
		01/29	1,500.00
Total Checks Paid			\$5,230.57

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

\* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com

## ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
01/03	Card Purchase 01/03 Shi Smartpract#108076 800-522-0800 AZ Card 5525	\$61.16
01/04	Card Purchase 01/03 Rental Car Tolls 877-590-9711 AZ Card 5525	8.95
01/07	Card Purchase 01/08 Trthldr Truthfinder.CO 888-8974558 CA Card 5525	27.78
01/09	Card Purchase 01/08 Office Depot #2518 FT Worth TX Card 5525	92.64
01/09	Card Purchase 01/08 Office Depot #2518 FT Worth TX Card 5525	170.57
01/09	Card Purchase With Pin 01/09 Cvs/Pharm 07878--5301 River Oaks TX Card 5525	66.60
01/11	Card Purchase 01/10 Envision Imaging Hea Colorado Spgs CO Card 5525	230.00
01/11	Card Purchase 01/10 Diw Prompt Care PA Colleyville TX Card 5525	156.78
01/11	Card Purchase 01/10 Red R Automotive LLC Colleyville TX Card 5525	136.79
01/14	Card Purchase 01/10 Chateau Pedit Spa Colleyville TX Card 5525	149.00
01/16	Card Purchase With Pin 01/16 Simply Eyes Colleyville TX Card 1220	247.80
01/17	Card Purchase 01/16 Cafe Medi(Hurst TX) Hurst TX Card 1220	30.20
01/17	Card Purchase 01/16 Sonic Drive IN #4208 Southlake TX Card 1220	3.78
01/18	Card Purchase 01/18 Austin Lorin Colleyville TX Card 1220	62.79
01/28	Card Purchase 01/25 Storage Sense Fort Wo 717-779-0044 TX Card 1220	49.06
Total ATM & Debit Card Withdrawals		\$1,491.90

## ATM & DEBIT CARD SUMMARY

Shabnam Qasim Card 1220

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$393.63
Total Card Deposits & Credits	\$173.19

Shabnam Qasim Card 5525

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$1,098.27
Total Card Deposits & Credits	\$46.32

ATM & Debit Card Totals

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$1,491.90
Total Card Deposits & Credits	\$219.51



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January 01, 2019 through January 31, 2019

Account Number: 000000237982961

### ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
01/03	Commercial Line Comm Lines M41121583089 Web ID: 1911718107	
01/03	Paymentech Fee 5704836 CCD ID: 1020401225	\$45.91
01/04	ADP Wage Pay Wage Pay 549070930098Xcq CCD ID: 9333008057	30.00
01/04	ADP Tax ADP Tax Rnxcq 010401A01 CCD ID: 1223006057	5,254.64
01/07	ADP Payroll Fees ADP - Fees 8Yrnxcq 3442836 CCD ID: 9659605001	1,398.84
01/09	Quickpay With Zelle Payment To Adriana 7829960912	56.02
01/09	Advancedmnd Ddbatch PPD ID: 1352182629	75.00
01/14	ADP Payroll Fees ADP - Fees 2Rxcq 4592833 CCD ID: 9659605001	1,004.19
01/16	ADP Tax ADP Tax Rnxcq 8439718Vv CCD ID: 1223008057	90.84
01/18	ADP Wage Pay Wage Pay 556068732420Xcq CCD ID: 9333006057	178.81
01/18	ADP Tax ADP Tax Rnxcq 011802A01 CCD ID: 1223008057	5,929.51
01/28	ADP Payroll Fees ADP - Fees 2Rxcq 5921874 CCD ID: 9659605001	1,640.27
01/31	01/31 Online Transfer To Chk ...3561 Transaction#: 7895313338	90.84
01/31	ADP Payroll Fees ADP - Fees 2Rxcq 7894755 CCD ID: 9659605001	3,000.00
01/31	Commercial Line Comm Lines M41188714561 Web ID: 1911718107	300.49
	Total Electronic Withdrawals	\$19,141.27

The monthly service fee of \$15.00 was waived this period because you maintained a minimum daily balance of \$1,500.00 or more.

### DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
01/02	\$5,718.64	01/11	4,687.40	01/28	5,226.05
01/03	11,101.02	01/14	4,244.37	01/24	6,118.58
01/04	7,192.49	01/15	6,694.98	01/25	6,621.76
01/07	7,108.69	01/16	7,142.97	01/28	10,136.18
01/08	6,908.69	01/17	12,841.59	01/29	10,329.49
01/09	5,549.69	01/18	5,386.87	01/30	11,752.49
01/10	5,608.04	01/22	5,521.15	01/31	9,334.33

### SERVICE CHARGE SUMMARY

#### TRANSACTIONS FOR SERVICE FEE CALCULATION

Checks Paid / Debits  
Deposits / Credits  
Deposited Items  
Transaction Total

#### NUMBER OF TRANSACTIONS

41  
0  
0  
41

#### SERVICE FEE CALCULATION

Service Fee  
Service Fee Credit  
Net Service Fee  
Excessive Transaction Fees (Above 100)  
Total Service Fees

AMOUNT  
\$15.00  
-\$15.00  
\$0.00  
\$0.00  
\$0.00



January 01, 2019 through January 31, 2019

Account Number: 000000237962961

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call us at 1-866-684-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC.



JPMorgan Chase Bank, N.A. Member FDIC



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January 01, 2019 through January 31, 2019

Account Number: 000000237962961

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